No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No.

31933

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7772**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE **Missouri** b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2239**

d. STREET ADDRESS (If rural, give location) **2008 Allen Ave.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Henry** b. (Middle) c. (Last) **Stock**

4. DATE OF DEATH (Month) **9** (Day) **12** (Year) **50**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **11-24-1868**
9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **Centralia Ill.**
12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **Henry Stock**
13b. MOTHER'S MAIDEN NAME **Unkwon -**
14. NAME OF HUSBAND OR WIFE **Clara Stock**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Nil.**
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME **Clara Stock** **ADDRESS** **2008 Allen Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Mesenteric thrombosis*

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Peripheral arteriosclerotic vascular disease*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
72 hrs
± 1 yr.

19a. DATE OF OPERATION **NO**
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? **570.2**

22. I hereby certify that I attended the deceased from **9/5**, 1950, to **9/12**, 1950, that I last saw the deceased alive on **9/12**, 1950, and that death occurred at **1:30 a** m., from the causes and on the date stated above.

23a. SIGNATURE *Sam Schneider M.D.* (Degree or title)
23b. ADDRESS **4500 Olive - St. Louis**
23c. DATE SIGNED **9/14/50.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **9 - 15 -50**
24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus**
24d. LOCATION (City, town, or county) **St. Louis,** (State) **Mo.**

DATE REC'D BY LOCAL REG. SEP 14 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** **Moydell Funeral Home 1926 Allen Ave.**

(Licensed Embalmer's Statement on Reverse Side)

mil

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *mil*

working under my personal supervision.

Student Embalmer No. . . . .

Signed *Dale A. Thamann*

Signed. . . . .
Student Embalmer

Licensed Embalmer No. 4533

P., O. Address 1956 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.